

X
ISSUE SLIP STAPLE AREA (for additional cross references)

| POSITION | INITIALS | ID NO. | DATE |
|---------------------------|----------|--------|----------|
| FEE DETERMINATION | | | |
| O.I.P.E. CLASSIFIER | m | | 11-22-01 |
| FORMALITY REVIEW | G | 71149E | |
| RESPONSE FORMALITY REVIEW | | | 1/11/01 |

INDEX OF CLAIMS

✓ Rejected N Non-elected
 = Allowed I Interference
 - (Through numeral)... Canceled A Appeal
 - Restricted O Objected

| Claim | Date |
|----------|------|
| Final | |
| Original | |
| 1 | ✓ |
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| 10 | ✓ |
| 11 | N |
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| 23 | N |
| 24 | ✓ |
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| 34 | N |
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| 46 | P |
| 47 | ✓ |
| 48 | N |
| 49 | N |
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| Claim | Date |
|----------|------|
| Final | |
| Original | |
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| Claim | Date |
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| Final | |
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BEST AVAILABLE COPY

If more than 150 claims or 10 actions
staple additional sheet her